

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		76017	11/28/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	07/01/00
2	✓	✓	07/01/00
3	✓	✓	07/01/00
4	✓	✓	07/01/00
5	✓	✓	07/01/00
6	✓	✓	07/01/00
7	✓	✓	07/01/00
8	✓	✓	07/01/00
9	✓	✓	07/01/00
10	✓	✓	07/01/00
11	✓	✓	07/01/00
12	✓	✓	07/01/00
13	✓	✓	07/01/00
14	✓	✓	07/01/00
15	✓	✓	07/01/00
16	✓	✓	07/01/00
17	✓	✓	07/01/00
18	✓	✓	07/01/00
19	✓	✓	07/01/00
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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